

CLAIMS ONLY						Application Number 09-945027	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						51
2		1					52
3		2					53
4							54
5	1						55
6		1					56
7		1					57
8		2					68
9		4					69
10	1						70
11							71
12							72
13							73
14							74
15							75
16		1					76
17		1					77
18		1					78
19	1						79
20		1					80
21	1						81
22		1					82
23		1					83
24							84
25							85
26							86
27							87
28							88
29							89
30							90
31							91
32							92
33							93
34							94
35							95
36							96
37							97
38							98
39							99
40							100
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
Total Indep	10						
Total Depend	15						
Total Claims	25						